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## ORIGINAL DEPARTMENT.

### Communications.

#### BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,  
(Fellow of the New York Academy of Medicine.)

#### V.

C. E. Brown-Séquard, M. D., F. R. S., etc.

"He led me on to mightiest deeds  
Above the nerve of mortal arm."—Milton.

Though of foreign birth, and the resident of many capitals, Dr. BROWN-SÉQUARD, having settled in New York with the specific purpose of practising in this metropolis, is not only welcomed by the lovers of science, but may, with the strictest propriety, be included in the present series.

The treatment of the nervous system, when diseased, requires more acute observation and profound analogical reasoning than any other branch of physical derangement. Hence, though cures may be rare, when accomplished, they bring credit in proportion to their scarcity.

His father, EDWARD BROWN, was born in Philadelphia, Pennsylvania, and married Mlle C. P. SÉQUARD, a native of the Isle of Mauritius, of French extraction, and lost his life while endeavoring to carry provisions to that place, during a severe visitation of famine. The vessel proved unseaworthy, and though a captain of much experience, his labor was in vain, but a good name followed in his wake.

The subject of the present sketch was born 8th of April, 1817, at Port Louis, Mauritius, a British colony in the Indian Ocean, where he received the first principles of his extensive education at a private school. When quite young, he took charge of two Circulating Libraries and Reading Rooms for some two years.

He began the study of medicine in Paris, France, in 1838, under the careful guidance of MARTIN MAGRON, P. BÉRARD, CRUVEILHIER, TROUSSEAU, ORFILA, and others, all men of wide experience, much thought, and the representatives of an

important medical epoch. Not a few of his valuable discoveries were made while a resident of France. The peculiar facilities afforded men of science, together with the excellent libraries, which contain a faithful record of the past, enable one of determined zeal to go over the labors of former years, and form new theories for future development.

In 1839, we find him teaching natural history, chemistry, and natural philosophy; and in 1845, he commenced to lecture on physiology, and has ever since kept up the deepest interest in all of these branches of science. That which peculiarly rendered his didactic philosophy interesting, was the number of practical experiments brought immediately to bear on a given subject. His vivisections were conclusive as to success.

In November, 1838, he received the diploma of "Bachelor of Letters," and that of "Bachelor of Sciences," the following year, from the Faculty of Letters of Paris, and the Faculty of Sciences of Paris, respectively; both of them forming a part of the University of France.

On the 3d of January, 1846, he was formally graduated Doctor of Medicine from the Faculty of Medicine of Paris, which is a part of the University of France. His Inaugural Dissertation was a printed thesis on the "Vital Properties and Functions of the Spinal Cord," 4to., pp. 26. One cannot read this production without being led on by a fascinating course of writing, especially his own.

Dr. BROWN-SÉQUARD has practised successfully in the principal centres of medical science, in each place leaving traces of his original mind and wise suggestions wherever he has gone. He carried out his professional career in Paris, France, for many years, at various intervals, from 1847 to 1850, also in 1855, and from 1857 to 1859, likewise in 1865. In 1854, he resided at Port Louis, Mauritius, and not only practised, but acquired much that sowed the seed of future theories. In London, England, he attended the sick, and particularly prescribed for those nervously affected, from March, 1860, to September, 1863, and at Cambridge and Boston, Mass., 1864, lectured, and treated those who applied for his services. Since April, 1866, he has taken up his

abode in New York city, and it is to be hoped that, after his long and varied experience, he will remain with a community capable of appreciating his valuable suggestions, and will also collect in an uniform shape all his writings, that a complete set may be obtained by those enamored of what is wise, sensible, and full of important results. Though many of his writings are in English, the majority are to be found in the French language; but, ere long, one after another will find their way, through the medium of a faithful translator, to American minds.

In March, 1853, at Boston, Mass., Dr. BROWN-SÉQUARD married Miss ELLEN FLETCHER, a niece of DANIEL WEBSTER's first wife, and has now one son living, who is ten years old.

Being desirous of obtaining from the Doctor his exact views as to the effect of smoking, I addressed him a note, and received in answer the following reply: "I never smoke, and have seen the most evident proofs of the injurious effects of tobacco on the nervous system." This, though brief, is comprehensive, and may, with not a few, carry with it the force of a verdict. Though some of the deepest philosophers of European make pipe out their thoughts on abstruse subjects, yet I do not but believe that clearer premises would be a consequence of their abandoning the practice; though of a truth, it must be confessed that few men of mind could remain in their studies for as long a period, and reflect over their own cogitations with the same cautiousness of approach as those who calmly puff at axioms and wreath metaphors out of clouds of smoke. It has generally been my experience, that those who do not use tobacco are obliged to work or walk while thinking, for it is a necessary item in personal economy, that the body must in some measure be employed, in order that the intellect may rove at will.

On asking the Doctor if he did not have any special or favorite branch of practice, he replied: "I am chiefly consulted for nervous affections, both functional and organic, but I am not a specialist; and have studied, and continue to study every branch of medicine." When one sees the vast strides made each year in physiology, therapeutics, chemistry, and microscopic anatomy, the careful keeping up with the times may be more fully appreciated. In a literary point of view, one can scarcely read the table of contents. Soon medical science will divide human study.

Dr. BROWN-SÉQUARD's general health has been very good, being exempt from many of the affections that flesh is heir to. But a desire to investigate the contents of his own stomach, under different circumstances, by means of which he

could examine the gastric juice, or partially digested food, has brought on a rare affection, which is sometimes seen in man, namely, a persistent merycism, or rumination, when one is forced to chew a second time what has been swallowed. This has existed since 1844, in consequence of his having often performed on himself experiments, consisting in swallowing sponges, to which were attached threads; by drawing upon which the sponges were withdrawn from the stomach, containing gastric juice and liquid or liquified food, which he wished to study.

This sacrifice on the altar of science should be honorably recorded, as a disinterested effort by a truly philosophical man.

Though Prof. BROWN-SÉQUARD practised extensively in the above mentioned cities, his visits to Europe and this country were not confined to the dates before recorded.

His first visit to Paris, France, was in 1838, where he remained till 1842. He returned in 1843, and stayed there till a short time before the "*coup d'état*" of NAPOLEON in December, 1851, when he fled to London, but, after a few weeks, returned to Paris, and came to the United States for the first time early in 1852. He became a member of the Royal College of Physicians of London in 1860, and has received many honors from various foreign institutions.

On five different occasions he has been the recipient of prizes from the French Academy of Sciences; and so able were his efforts, that the Royal Society of London, under the auspices of the Queen, bestowed on him a portion of the grant, which was set aside for the promotion of his cause. Dr. BROWN-SÉQUARD has enunciated many interesting theories, and maintained scientific points, that have recently been more than ever endorsed by the members of his noble profession. Among these may be particularly mentioned his idea, eloquently supported, by both mind and facts, that "the fibrine of the blood is an excrementitious product, and not subservient to nutrition."

By a series of careful experiments, he succeeded in restoring the irritability of the muscles, soon after oxygenated and defibrinated blood had been injected, when a dead body had been long rigid. By repeating this with the same blood, it being oxygenated and defibrinated again, the irritability of the muscles was maintained for hours. Another statement of his is likewise worthy of mention. It is to the effect that arterial blood "is subservient to nutrition, while venous blood is required for muscular contraction." He also states that the animal heat of man is

103° F. Moreover, as it has generally been an accepted fact that poison tends to lower the temperature of the body, he suggests with much reason, that if an artificial heat be kept up the toxæmic influence will be lessened, and the chances of recovery increased inversely, etc. This theory—if carried out in clinical practice—would tend much to assist in the administration of remedial agents. But that which has peculiarly attracted his attention and given rise to profound discussion, has special reference to the spinal cord; which may truly be considered as the greatest discovery of that region, since the period when Sir CHARLES BELL unfolded to view the sensitive properties and "motor functions of the anterior and posterior roots of the spinal cord." To use the words of another:\* "As the result of numerous ingenious experiments, BROWN-SÉQUARD concludes that the sensitive fibres do not communicate directly with the brain, but convey impressions to the gray matter of the cord, by which they are transmitted onward to the brain, and that their decussation or crossing takes place in the cord itself, at or below the point at which they enter, not in the cerebrum or medulla oblongata. On the other hand, the anterior or motor fibres pass on directly to the brain, effecting their decussation in the medulla oblongata; the gray matter receives the impressions, conducts them to the brain, or reflects them upon the motor nerves, but is itself insensible to ordinary stimuli."

In the modern views of nervous disorders the opinions of Prof. BROWN SÉQUARD are looked upon with respect, and followed with implicit faith, so earnest have been his endeavors, and so conscientious his experiments as regards the treatment of functional and organic affections of the nervous system. We find that he maintains that morbid manifestations may be due to a reflex influence; that pressure on the carotid for congestion of the brain does not diminish the supply of blood to the brain, but the benefit derived from it is due chiefly to the pressure on the cervical sympathetic nerve, which causes a contraction of the blood-vessels of the brain.

He is entirely opposed to extirpation of the testicle as a cure for epilepsy, deeming it not only irrational, but barbarous; recommends applying a white-hot iron to the head of patients when in the "coma of apoplexy, cerebritis, uræmia, or epilepsy;" and also as the most effectual cure

for neuralgia, and when the patient is suffering from rheumatic pains. On the same principle he strongly advocates ice along the spine. But that which seems especially to meet his high approval is the subcutaneous injection of morphia, quinia, etc. He advocates gallic acid in five-grain doses, six times a day, when the nervous derangements are due to congestion of the ovaries or kidneys, and does not particularly admire nitrate of silver for the treatment of locomotor ataxy, as it is often found to do more in the way of discoloring the skin than relieving the difficulty. For palsy he praises the chloride of barium, in from  $\frac{1}{2}$  grain to one grain three times a day. It has also been found very serviceable in tetanus. He regrets that errhines are not oftener employed.

To enumerate the works and articles written by Dr. BROWN-SÉQUARD would be a difficult task, for they are in many languages, printed in different countries, and may be found in magazines, medical journals, physical periodicals, cyclopedias, and bound up with the lectures of other interesting savans. The medical and philosophical literature of this generation are greatly indebted to him for his widely diffused knowledge, and the many surprising facts made plain to the sense. A uniform set of his elaborate productions would find a ready sale, and be secured by every public library in the civilized world.

When it is mentioned that a complete list of his works, with a description of his writings, forms a pamphlet of twenty-seven pages, comprising the enumeration of *two hundred and nine* distinct treatises, it will be seen that the mere mention of their names would take up too much room in a periodical that can afford but limited space.

To give some idea, however, of the diversity of the subjects treated by the learned professor, the titles of a few will prove interesting and suggestive. Most of them are written in French:

- | No. | Subject.   |
|-----|--|
| 1.  | Rech. et Expér. sur la Physiol. de la Moelle Épin. 1846. |
| 7.  | Sur l'État de l'Irritab. dans les Muscles Paral. 1847.   |
| 13. | Hibernation des Tenrecs. 1849.                           |
| 14. | Rech. sur la Rigidité Cadav. et la Putréfaction. 1849.   |
| 17. | L'action de Téter Indépendante du Cerveau. 1849.         |
| 19. | Explication d'un Phénomène de Visibilité. 1849.          |
| 26. | Rech. sur le Mode d'Action de la Strychnine. 1849.       |
| 34. | Sur la Mort par la Foudre et l'Électro-Magnét. 1849.     |

\* See Appleton's Cyclopaedia.

† Remarks made, by invitation, before the American Medical Association, at the late meeting held in Baltimore, 1866, and carefully reported in the "Medical Record," Vol. 1, No. 10.

- | No.  | Subject.   |
|------|--|
| 64.  | Apparition de la Rigidité Cadavér, avant la Cessation des Battem du Cœur. 1851.  |
| 80.  | Sur l'Irritab. des Muscles Paralysés. 1851.  |
| 84.  | Preuve de la Contractilité du Tissu Cellulaire. 1852.  |
| 88.  | Sur le Nutrition des Muscles pendant leur Contraction. 1852.   |
| 100. | Sur un Fait Nouveau relatif à la Physiol. de la Moelle Épin. 1852.   |
| 107. | Guérison de l'Épilepsie par la Section d'un Nerf. 1853.  |
| 113. | Sur la Cause des Movements du Cœur. 1853.  |
| 136. | De l'Influence de l'Asphyxie sur la Chaleur Animale. 1856.   |
| 144. | Nouv. Rech. sur les Capsules Surrénales. 1858.   |
| 155. | Course of Lectures on the Phsiology and Pathology of the Central Nervous System, delivered at the Royal College of Surgeons of England, 1858. 276 pages, 3 plates. Philadelphia. 1860. |
| 158. | Lectures on the Diagnosis and Treatment of the Principal Forms of Paralysis of the Lower Extremities. 118 pages. Philadelphia. 1861.   |
| 162. | Lois des Phénomènes Dynamiques de l'Économie Animale.  |
| 178. | Sur quelques Caractères non encore Signalés des Mouvem. Réfl. Normaux. 1858.   |
| 186. | Rech. sur l'Irritabilité Musculaire. 1859.   |
| 192. | Remarq. sur des Cas d'Éphidrose Parotidienne. 1859.  |
| 195. | Sur un Cas de Greffe Osseuse. 1860.  |
| 199. | Note sur les Mouvement Rotatoires. 1860.   |
| 203. | Remarq. sur la Physiol. du Cervelet à propos d'un Mémoire de R. WAGNER. 1861.  |
| 205. | Remarq. sur l'Action du Nerf-Vague sur le Cœur. 1862.  |
| 207. | Remarq. sur la Physiol. du Cervelet et du Nerf Auditif. 1862.  |
| 209. | Rech. sur la Transmiss. des Impress. de Tact, de Chatouillement, de Douleur, de Températ., et de Contraction (Sens Muscul.) dans la Moelle Épin. 1863.                                 |

— According to the *Journal de Chemie Médicale* (*Boston Med. Journal*), the proportions of nicotine in the tobacco of various countries is as follows: Lot 7 96, Alsace 3.31, Virginia 6.87, Kentucky 6.09, Maryland 2.29, Havana 2.00 per cent. If a bit of cotton, impregnated with tannic acid, be placed in the tube of the pipe or porte-cigare, the passage of this poisonous principle will be prevented.

**PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.**

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 141.)

We propose now to consider this subject in its bearings upon the uterus, and to take a wider range than was taken in our recent article on uterine displacements, which was written before conceiving the plan of the present series, and referred more especially to uterine versions.

I first propose to take a cursory view of the normal pelvic arrangement, and, for the time being, consider it as an independent matter, complete in itself, and isolated from any other relations with abdominal or other parts.

1st. Unlike any other cavity, the pelvic walls are strong and unyielding, and hence, the insertions of uterine ligaments are more fixed than those of any other trunkal viscus; and also, that the uterine situ is more exempt from outside pressure.

2d. That the uterus is suspended, supported, and braced in mid pelvis, in the exact axis of the superior pelvic strait, by the combined supporting action of the cellular and membranous connections with the surrounding parts, and the circular contraction of the strong vagina below, and also by the suspending action of the broad and round ligaments.

3d. That notwithstanding the normal uterus is absolutely *insignificant* in point of weight and size, it has, by the above combination, a greater support lavished upon it by several times than it of itself could appropriate, or than any other viscus of three times its size has provided for it. Hence, before leaving this consideration of the pelvis as an *isolated* arrangement, I submit whether any comprehensive mind can locate the cause of uterine prolapse, or version in any of the pelvic tissues, all things being equal. To our mind the bare idea is absurd. Inasmuch as it would appear, that in view of the *weighty* extraneous contingencies, infinite wisdom has made a special display in arranging a large contingent support.

If it were not so, what would become of the uterine situ during the first four months of pregnancy? Whereas, it is patent that but few cases of gravid uterus are collapsed as a consequence; and also, that not one case in ten, of prolapsus, can refer to pregnancy as its primary cause—two most significant and instructive facts. Nevertheless, uterine prolapsus, versions, and flexions, are numerous, not only with matrons, but with vir-



gins. And as we are driven by anatomy, facts, and reason, from the pelvis, for the *primary* cause, where shall it be found? For a solution of this important question, we must examine into the influence of the whole superior trunk (and especially of the mass of overshadowing viscera) upon the uterus. But neither do we here find the cause of prolapsus in the shape of superincumbent weight. For, as has been repeatedly shown before, when the superior trunk is in its true mathematical bearing to the pelvis, such is the depressed and retreated position of the pubes, and the consequent oblique bracing of the pelvic floor (like half a roof), and the shallowness of the hypogastric abdominal cavity, that, but the most anterior position of the abdominal floor is exposed to pressure, and also the *vertical* force, upon this portion even, is *broken* by the incidental angle at which the weight strikes; and then to complete the negation of weight in the event of sudden depressing influences, as in jolting, and coughing; the shallow inferior abdomen, and tense oblique, pyramidalis and rectus muscles ever cause an instantaneous rebound, before the weight can exert more than an exercising and stimulating action upon the uterine conservators in the pelvis. Thus then it appears, that so far as the uterus itself is concerned, the supporting, bracing, and balancing tissues of the pelvis are more than adequate to maintain the physiological status of that organ; and, that in connection with the peculiar curves, plane, and angles of the skeleton trunk, the abdominal muscles consummate and preside with elastic dignity, and are a positive protection of the uterus against what would seem to be a crushing force from above; and also, that we are still without discovering the primary physical cause of uterine displacements. In this state of the facts, even our few successes by tonics, antispasmodics, and distending pessaries, are attended by the humiliating consciousness, that our treatment is unintelligent and uncertain, inasmuch as our pathology is crude.

We now despair of finding the object of our search, either in primary pelvic weakness, or abstract visceral weight, in the general or local conditions in Fig. 1, and, as a last hope, we turn our consideration from supposed morbid states of local parts, to the morbid bearings involved in Fig. 2, and here the most clear and inductive light breaks, at the threshold of the investigation.

How striking and complete is the contrast between the combinations of the two figures; in 11 the pelvis is horizontal, the pubes high, the dorsolumbar spine retreated, the ensiform cartilage depressed, the head and chest fallen forward; the

distance between the sternum and pubes is diminished; the abdominal muscles flabbied, the antero-posterior hypogastrium greatly deepened, and the whole line of mobile viscera descended, and pressing with an unbroken and perpetual force directly upon the uterus, and, of consequence, imposing at least 20 times the burden upon the immediate uterine supports they were ever designed to carry. Need I ask what must be the result? Of course, by degrees, the very strongest vagina, cellular tissue, and uterine ligaments, must yield to the depressing force; under these auspices the uterus may wedge itself gradually into the vagina, until its contractile force is exhausted, the cellular and membranous connections become inoperative, and the ligaments elongated. Thus then, whatever may be the shortened and relaxed state of the vagina, the depressed, verted, or flexed state of the uterus, elongated state of ligaments, or depressed condition of viscera and trunk, we pass them all as secondary, and trace their cause to infidelity of the dorsal and abdominal muscles, which are charged with the high function of a *band* which compacts the straws of a sheaf, rendering it portable; or, of a federal constitution, which governs, protects, and binds all the states and territories into one harmonious union. But it may be contended, that whilst in some cases a relaxed condition of the trunkal muscles, and a consequent morbid bearing of the abdominal viscera, may aggravate, and even produce prolapsus, there may also be such an *independent* relaxed condition of the *pelvic tissues*, as may cause prolapsus without any muscular relaxation; and also, that versions, flexions, and obliquities, may be produced, without any abdominal influence, by an unequal action of the abdominal guys.

To this I summarily reply, that general and especial *abdominal* relaxation is pretty sure to accompany a pelvic one; that even if it did not, still the merest normal visceral weight (for there must be some always), will remain, and act as a culminator and sustainer of the evil, or, in other words, as "*the last grain that breaks the camel's back*," but for which nature might have resisted the evil. And lastly, that the question pending is not, what are all the influences in the interest of the evil? but, what are the ones which culminate it, which, if removed, would enable vital forces to educe the depressed energies of the parts concerned?

But before taking leave of the relaxed trunkal muscles, as a fundamental agency in prolapsus, I must first harmonize an apparent paradox in the above reasoning, viz.: In some of the most obstinate cases of prolapsus, there is neither

drooping of the body, or enlargement at the hypogastrum, as in Fig. 2, but, on the contrary, the form is erect, and very flat, thin, and straight from sternum to pubes, and so far from there *seeming* to be visceral pressure upon the uterus, there would seem to be the absence of any viscera to press. At first blush this would seem to be an argument against our premises, but closer thinking confirms the principle. For such cases, whilst there is less visceral weight to press, the pressure is usually more positive and direct, owing to two facts, viz., 1st. The pubes not breaking the pressure in front, as when there is considerable fulness at the lower belly. 2d. In such cases the small volume of viscera so imperfectly fill the abdominal cavity, that the inferior abdominal muscles cannot elevate them, on the one hand, and, on the other, what contractile action there is, is from the superior rectus and the transversalis, whose action is chiefly constricting at best, and, in the premises, exert a depressing, rather than an elevating influence. In defence of our position, it only remains for me to barely notice an opposing opinion of a distinguished writer on diseases of females, whose opinions it is hazardous generally to controvert.

This writer attributes prolapsus to a positive and contractile shortening of the vagina, whereby the uterus is dragged down, and, in proof of this, he alludes to the fact, that in prolapsus the vagina is always found shortened. This doctrine, to my mind, is so obviously untenable, that but for its distinguished source, I should not feel called upon to consider it. But seriously, how can this be? since the contractions of the vagina are chiefly circular, and not longitudinal; again, while it must be true that the vagina will be short, in the ratio of existing prolapsus, it is also equally true that its diameter is increased in the ratio of its diminished length; and also, that in such cases there is the most palpable proof of a passive or negative condition of the vaginal tissues, the depression of the uterus having shortened and flabbed it; just as drooping the body necessarily intensifies and flabbs the abdominal muscles by approximating their distal extremities.

#### Diagnostic Conditions in the Premises.

Having now considered the strong trunkal muscles as the culminating conservators of the true centripetal condition of the visceral bearings, and also of a relaxed condition of the same, as the deciding influence in uterine displacements, we now propose to take a comprehensive and critical glance at the status of each part concerned in decided prolapsus, with a view to a clear and ready diagnosis in such cases.

First, a digito-vaginal examination shows the uterus more or less low, and the soft parts more or less pushed before it, giving an open and full appearance and feeling to the vulva. In such a case the uterus occupies correspondingly below the line of the round and broad ligaments, and they are, of course, not only tensed, and the insertions dragged, but they are forced to occupy a more or less oblique position—something as would the arms to the body in a crucifixion. The cellular and membranous connections must also be strained by the fact, that the normal relations of the bladder, uterus, and rectum, are materially broken up in the downward direction. In the abdomen we find the intestinal chain elongated, on the one hand pressing heavily, and on the other ceasing to support the hypochondria and epigastrium as they should, and putting the whole set of superior ligamentous moorings upon the strain.

These are the leading physical facts, which, if philosophically considered, will furnish us, in most cases, with the clearest diagnostic indication, in the shape of sensations, quaintly, but forcibly expressed. For instance; in such case, if the patient's contour is intelligently noticed (as a general rule), the form is comparatively narrow at the hypochondria, and the hypogastric and iliac regions are correspondingly full and heavy; and when the lady sits, she about uniformly chooses a low chair, a stool for her feet, and the drooped position as the easiest, all these of themselves are sufficient to put the physician on the qui vive in the right direction, and in order to the full benefit before pulsing his patient, or examining the tongue, request her to tell you of her sensations in the plainest way. She may commence variously, but give her time, and she will, with the aid of her hands, and various expressions of countenance, deliver herself of something like the following: "Have aching, gnawing or grinding pains in the small of the back; hips feel as though they were coming apart; limbs tremble on standing and walking; feet are cold in summer time, and swell toward night; veins are varicose at the inner thighs; have an open feeling at the *parts*, as though something wanted to be born, or drop away; have a feeling of dragging, falling, or cramp in the groins; also a great sense of bearing down, and weight, at the bottom of the stomach, with cramps, and stinging pains in same regions, all aggravated by standing; have a great load—pressing or boring feeling in the end of the back-bone; am constive, or have sense of obstruction when bowels want to be moved, cannot retain my water, or else have difficulty in passing it."

I have given this unprofessional phrase, just as it is so apt to come from the unintimidated patient; for the benefit of the very young practitioner, who is fresh from his books and fluent tutor, and is likely to trust to his own acumen, with the pulse and tongue for his guide, and not to encourage the poor woman, to spin all of her yarn of troubles; or, if he does, not to fully appreciate or rightly interpret the force of her luminous but unprofessional expressions.

Now I submit, that considering the location of the pelvic nerves and bloodvessels; the tensed uterine ligaments, and the places of their insertions; the connections between the bladder and the uterus, the pressure of the latter upon the rectum, the weight of bowels upon the inferior abdominal walls, and the uterine ligaments; and the tensed condition of the ligaments of the primaria, together with the want of natural support at that point,—I say, I submit whether in the above descriptions, so quaintly expressed, we have not almost an infallible index and guide in the case of physical uterine trouble, which far exceeds the ambiguous indications of the skin, pulse and tongue,—although the latter need not be ignored.

The truth is, that there is such a thing as an *unerring language of sensation*; and when it comes to be rightly understood, it will greatly shorten our examinations, reduce our misjudgments and mistakes, and gladden our hearts with a certain diagnostic and prescriptive criteria, and elevate us in the eyes of ourselves and the world, as angels of mercy to suffering humanity.

Besides these, there are several sympathetic concomitants of importance, such as palpitation of the heart, hysteria, and disturbance of the head, with fickleness of memory, confusion of ideas, melancholy, causeless crying, etc. But among them all, I can say with confidence, that an oppressive heat in the top of the head comes nearest being a pathognomonic of uterine displacement; and when I meet with it in the absence of other most common symptoms, I press my investigations in expectancy of discovering some variety of uterine trouble.

Before closing on this division of the subject, I ask attention to the modifying, and even controlling influence of temperament in the premises; for without a good understanding on that point, the most accurate physician is liable to err in his diagnosis and treatment. Indeed, temperament at times seems to mock at ordinary rules of judgment, in different degrees of displacement, and but for a full knowledge of this fact, would entirely mislead the practitioner.

For instance, cases have come to me with the known physical and sympathetic symptoms of prolapsus, saying, "my physician says I have no displacement of the womb;" yet treatment had failed to meet the case. On strictest examination I could discern but slight uterine subsidence.

But on treating them as decided cases of prolapsus, the symptoms, as a rule, speedily disappeared. On the other hand, many of phlegmatic or lymphatic temperaments have come under my notice, where the uterus was completely extruded, and carried between the thighs under the regular performance of household and maternal duties; and yet the woman suffered barely local annoyance, and none of the sympathetic symptoms. Howbeit, these of course are exceptional cases. But the instruction drawn from them is, that when almost any form of morbid, nervous, mental, or other symptoms occur, *without* the ordinary physical signs of malposition or ulceration and do not readily yield to ordinary treatment, I do not hesitate to treat them as of uterine origin, and quite usually, with the happiest results.

In conclusion, I sum up on this point, with this opinion, that the *character* of a uterine condition is of more significance than the degree or extent of it.

[To be continued.]

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
April 18th, 1866. }

### SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Naphays.

#### No Cicatrix after Operation on Young Child.

Lizzie W., aged two years and four months. One year ago, at this clinic, a sebaceous tumor was removed from the forehead of this child. There is a slight depression corresponding with the situation of the tumor, but beside this there is no evidence whatever of a scar. This shows that when an operation is performed at this early age, and the parts are brought well together, there is little danger of a cicatrix, and, in a great majority of cases, there is none whatever at the time of puberty. The depression existed prior to the removal of the tumor, it having been caused by the absorption of bone.

#### Nevus.

Henry A., six months of age. This child has a red tumor upon the neck, fully an inch in length, and one-third of an inch in diameter. It is chiefly venous in character, projects a little from the surface, and embraces, doubtless, the entire thickness of the skin. It is congenital, but is four times as large as when the child was born.

Such growths are liable to occur upon all parts of the body. They are frequently seen upon the upper lip, sometimes upon the lower, sometimes upon the eye-lid, the ears, the inside of the mouth, and elsewhere.

There are several varieties. One of the most common is simply an enlargement of the cutaneous and subcutaneous veins. In another form the enlargement is composed chiefly of capillary arteries, and, in this case, as the disease progresses, we find the tumor assumes a truly aneurismal character, that it pulsates, as an aneurism connected with larger arteries, synchronously with the contraction of the left ventricle of the heart. This is called aneurism by anastomosis, and was originally accurately described by Mr. JOHN BELL, of Edinburgh. There is another form partaking of the character of the two mentioned, that is to say, in which the arteries and veins are nearly equally balanced, where it is one-half venous, and one-half arterial.

The affection is generally congenital, or comes on a short time after birth, and goes on increasing until the tumor sometimes covers a very large space, and when it is arterial in great measure, it is always dangerous. The tumor sometimes becomes the seat of ulceration, and in this way the patient may die, exhausted by repeated hemorrhages. When the tumor is venous in character, even when ulceration takes place, which is uncommon, there is no danger, as the bleeding is easily overcome.

There are many methods of treatment. Vaccine matter inserted in the tumor, would, in all probability, lead to its obliteration very effectually. This is an operation which is sometimes practiced. Vaccine matter is inserted in the usual way in the centre of the tumor, or over the greater portion of it, lymph is poured out, the vessels of the part become consolidated, and ultimately obliterated. This treatment is applicable only, however, to the disease in its lighter form, more especially to the venous variety of nevus. It would not do to open an aneurism by anastomosis, for it might be followed by very serious hemorrhage.

There is another operation, which consists in transfixing the base of the tumor with one or more pins, and casting a ligature firmly around, for the purpose of strangulating the parts. Again, the tumor may be cut out. Some twenty-five years ago there was a great deal said about the insertion of needles, heated to a red heat. The operation was obliged to be repeated again and again, was painful and unsatisfactory. These tumors have been injected with nitric acid. But several instances are on record where death has followed this procedure, in consequence of the violence of the resulting inflammation, and it should not be practiced.

Another operation consists in injecting with persulphate or perchloride of iron, to coagulate the blood.

In this case the base of the tumor was transfixed by a pin, and a ligature thrown around it. This is a very safe, and generally a very effectual operation. The pin will be allowed to remain for four or five days, when it will be removed.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Laceration of the Uterus.

At a recent meeting of the Obstetrical Society of London, as reported in the *Medical Press and Circular*, Dr. THOMAS RADFORD related minutely the histories of nineteen cases of laceration of the uterus, which had fallen under his notice. The accident from these cases seems to occur more frequently between the ages of thirty-nine and forty, and in women pregnant for the eighth time; but in those *enceinte* for the first time, it took place quite as often as it did in any of the other cases registered. The duration of the labor, from its commencement to the occurrence of the laceration, was generally from ten to thirty hours. Slight contraction at the brim of the pelvis appears to have been the most frequent cause. The author considers that, when the form of the pelvis is but slightly contracted, the os and cervix uteri partially descend, during labor, into or a little through the aperture of the pelvis, so that, as the head of the infant is forced down, the uterine tissues become fixed between this body and the pelvic bones. The fixity of this structure actually forms a *point d'appui*, from which the uterine fibres, during contraction, forcibly pull; and the great probability was that, sooner or later, the tissue either directly tore, or being first contused and softened, yielded. The cervix uteri is the part most frequently affected—sometimes the body of the organ was implicated. In eleven cases the laceration was longitudinal, in three transverse, in three oblique, and in one circular. Of the nineteen cases, three recoveries took place, or nearly sixteen or seventeen per cent. In all these cases there could not be found any with premonitory symptoms, which, of themselves, would warrant any operative measures being taken, in order to avoid the impending danger. Nevertheless, all the contingent circumstances of protracted labors should be carefully considered, especially those prolonged by mechanical impediment, and if they are produced by relative disproportion of the capacity of the pelvis to the size of the fetal head, measures of timely delivery should be adopted.

Dr. BARNES remarked that the first great cause of rupture was protracted labor; a second, rigidity of the os uteri, and he agreed with Dr. R., as to the necessity of incising the os; obliquity of the uterus, which causes it to be jammed in the pelvis; also, when there is a dead fœtus in utero, there is a want of the resistency which a live child possesses, and the action of the uterus rather tends to squash than to expel it. Disease of the uterine tissue and softening depending on degeneration, either before or during labor, by the pressure of the fœtal head against the pelvis, may lead to rupture.

Dr. BRUNTON observed that the cases which Dr. R. had collected were attended by midwives, and he knew that midwives were in the habit of giving very large doses of ergot. He believed



that this was one of the great causes of rupture of the uterus, and when it did not cause rupture, often gave rise to retention of the placenta.

#### Foreign Substances Simultaneously in the Trachea and Oesophagus.

Dr. MINER communicates to the *Buffalo Journal* a remarkable case of a child, three years of age, who had swallowed one of the new two-cent coin. There was some difficulty and pain in swallowing, and some obstruction in respiration, which in the course of three weeks increased, and the paroxysms of dyspnoea became so frequent and distressing, that tracheotomy was resorted to. But, although a full opening was made into the trachea allowing free access and exit of air, when these paroxysms commenced, it was apparent that no air could be inhaled. An exploring probe was passed rapidly, hoping to remove the obstruction, but nothing could be detected. The child died.

On post-mortem examination a two-penny coin was found imbedded in the oesophagus, opposite the upper border of the sternum, the edges upon each side having caused ulceration completely through the tube, the walls of which were thickened, a complete opening was prevented by adhesive inflammation. This thickening of the tube caused considerable pressure upon the trachea, and would of itself have proved sufficient cause of death. But added to this, an uncooked bean was found, which had swollen somewhat and softened; this had evidently rested near the bifurcation of the trachea, perhaps partly upon or in one of its divisions, and had thus allowed of respiration. When air was freely admitted the coughing dislodged it, and the trachea was closed—closed by a substance unlike bone or metal, to be detected by a probe, but soft and yielding, and of such a shape as to close the passage as perfectly as possible. It was remembered by the mother, that the child a few days before had amused itself with some beans, and while thus playing, had suffered a violent turn of coughing and strangulation, since which she had appeared much more distressed.

#### A Case of Cancer of the Upper Part of the Oesophagus,

Involving the larynx and opening, externally, was reported by Dr. JACKSON, before the Boston Society for Medical Improvement, and is published in the *Boston Medical Journal*. The patient was a tall, thin, healthy woman, 70 years of age, without known cancerous antecedents. Rather more than a year ago, soreness of the throat, with dysphagia occurred, continuing and increasing until death, so that, from the time when Dr. COWLES (by whom the specimen was sent Dr. J.) first saw her, about nine weeks before, she could take no solid food. There was then a firm swelling in the form of a ring, over the upper part of the larynx, and along the left side of the neck, extending somewhat to the right side, discolored, looking like an abscess that would soon break. In a few days it opened like a carbuncle, by three or four small apertures, and discharged a considerable quantity of thin pus. About two weeks afterward, a probe was passed in toward the left side, and over two inches; and Dr. C.,

suspecting a communication with the diseased surface, gave the patient a little indigo-water, which soon appeared externally, and verified his diagnosis. Toward the last, about one-third of all the liquid she took was discharged externally, but none seemed to pass into the trachea, so as to cause choking, until the last few days. The pain or soreness was very great, extending into the left side of the neck and ear. Much mucus hawked from the throat, and during the last two days, some blood. From early in her sickness she was hoarse, occasionally quite so, but never aphonic. Dyspnoea commenced during the last three weeks, increasing in frequency.

The specimen shows an open and sufficiently defined ulceration of the oesophagus, commencing about an inch below the glottis, extending downward two and a half inches, and involving nearly the whole circumference of the canal. At the lower extremity of the diseased portion, the morbid deposit appears in the form of a milky-white, soft, grumous, or half-liquified mass, of considerable size; and between the oesophagus and larynx, upon the left side, all the tissues seem to be indefinitely infiltrated with the same. The inner surface of the larynx, upon the left side, and posteriorly, is extensively reddened, irregularly raised by this same deposit, and to a very small extent it appears to be ulcerated; there being a small opening through it into the diseased portion of the oesophagus. The vocal cords seem but little affected. The thyroid cartilage was denuded to some extent, and being ossified, it had become necrosed.

## Reviews and Book Notices.

**Medical Electricity: Embracing Electro-Physiology and Electricity as a Therapeutic, with special reference to Practical Medicine: Showing The Most Approved Apparatus, Methods, and Rules, for the Medical Uses of Electricity in the Treatment of Nervous Diseases.** By ALFRED C. GARRATT, M. D., Fellow of the Mass. Medical Society, Member of the American Medical Association. Third Edition, Revised and Illustrated. 8vo., pp. 1103. Philadelphia: J. B. Lippincott & Co. 1866.

Two opinions are probably impressed upon the minds of most physicians: That electricity must be capable of producing powerful effects in the treatment of disease; and that we know less about the management of its therapeutic agency than about that of almost any other remedy long in use. Does this large book solve all the problems of this subject, or afford the key to all its mysteries? We must, with regret, say that it does not. Yet it does, perhaps, as much as any book could do in that direction.

Though a third edition, Dr. GARRATT states in his preface, that it is mainly a new book. Every portion has been thoroughly revised, and several hundred pages of the last edition have been

thrown out, to be replaced by twice as much new matter derived from experience. While, however, it seems to contain, with the aid of citations from all who have written on the subject, from GALVANI and VOLTA to RADCLIFFE and ALTHAUS, the substance of what is known and thought upon Electro-Physiology and Electro-Therapeutics, our complaint is that the book is too big. It has a great deal of matter not at all necessary to the subject in hand. While in the first edition, allusion was purposely omitted to the concomitant medical treatment of cases in which electricity is used, in this a very large amount of space is occupied, not only with general and special therapeutics, but with general and special symptomatology and pathology. For example, four pages and a half (pp. 989—993) are given to the composition, qualities, varieties, and effects of tobacco; interesting, but out of place. Almost as well might an account of a magneto-electric machine occur in the midst of a treatise on botany! A large number of strictly anatomical diagrams are also inserted, of the brain, spinal marrow, muscles, etc., not more than two or three of which, at the most, are called for by the needs of the text; and the same remark may be applied to the appendix of forty formulæ of medicines for external and internal administration in various diseases.

To finish our fault-finding all at once, Dr. GARRATT has allowed a good many errors in spelling to escape his eye and hand, either in manuscript or proof. Thus we have albuminaria, for albuminuria, a number of times, and even in the index; besides trichiurius, silurius, rhythmic, etc. The last word has place in a quotation from a review in a cotemporary medical journal; which, by the way, should have been acknowledged. Of proper names, we find ROMBURG, ALTHEUS, MUZER, SCOUTELLEN, H. BUNCE JONES, HYRTLE, HELNE, and HENLE, for ROMBERG, ALTHAUS, UNZER, SCOUTETTEN, H. BENICE JONES, HYRTL, and HENLE.

As to the author's principles, which are the gist of the subject, he states the following as fundamental (p. 259): "The direct current, acting on mixed nerves, can produce powerful muscular contractions with comparatively little sensation, or pain; while the inverse current can produce greater sensation, or pain, and that with greater 'reflex action;' while the muscular contraction is comparatively weak, or even totally wanting; also, that the reversing the direction of a current from second to second increases its exciting, reflex, and constitutional effects."

This and other laws for practical application, deduced chiefly by DUBOIS-REYMOND, are essen-

tially ignored by DUCHENNE, as shown in Dr. GARRATT's citation from the latter, (p. 425,) of which the following are main points.

"In man, whatever be the direction of the currents, or the degree of vitality of the nerves they traverse, the same results are always produced when the conductors are applied to any portion over the course of the nerves—namely, muscular contractions and sensations. Various changes in the current-direction produce no appreciable influence over the sensibility or capability of voluntary muscular contractility in man."

We are glad to find that Dr. GARRATT enjoins, as does also DUCHENNE, with most other authorities, caution in the use of electricity in cerebral paralysis; the application being delayed, as a rule, to some six months after an attack of apoplexy, and then commenced with care. Dr. RADCLIFFE's "paralyzing" therapeutics are not, in terms at least, endorsed.

A quite interesting account is given of the successful employment of the "galvanic antidote" for corrosive sublimate; namely, gold-leaf dusted with powder of iron, (ferrum per hydrogen of QUEVENNE.) As first suggested by Dr. BUCKLER, of Baltimore, this was found entirely available in an actual case, by Dr. CHRISTOPHER JOHNSON. An inert amalgam of gold and chloride of iron are formed by the decomposition of the sublimate.

Dr. GARRATT claims for himself the origination of the use of Faradaic electricity to produce momentary anæsthesia in the extraction of teeth; although the process was first published in Philadelphia, by Dr. FRANCIS.

Having expressed our opinion as to the somewhat unnecessary bulk of this volume, it is but just to say that it is agreeably written, and well printed and illustrated; so that, as the previous editions have been rapidly exhausted, a similar success is to be anticipated for this.

#### Flatulence.

Charcoal, when introduced into the stomach in a dry and fresh state, has the property of absorbing gases. It may be given freshly prepared and hermetically sealed in gelatine capsules. Three or four capsules are generally sufficient to give complete relief in cases of flatulence. The best charcoal for this purpose is made from vegetable ivory, and must not be finely powdered. It has been shown by direct experiment that twenty grains, or two capsules of the vegetable ivory charcoal absorb two and a half cubic inches of carbonic acid gas.—(Dr. A. LEARED, p. 86.)

## Medical and Surgical Reporter.

S. W. BUTLER, M. D., Editor and Proprietor.

PHILADELPHIA, AUGUST 25, 1866.

### A PROFESSIONAL SATIRE.

Some of our older readers may be able to recall the circumstances connected with the origin and progress of Rutgers Medical College, in the city of New York, in rivalry of the old College of Physicians and Surgeons, which, prior thereto, had the entire field of students' patronage to itself. Several of the professors of the old school having taken offence at the action of the trustees, resigned their places, and established the new one, and by their superior reputation and ability, drew much the larger classes, seriously diminishing the income of the rival school. The contest between the two, during the few years of the existence of the new school, divided the interest and patronage of the general profession, and caused no little feeling of partizanship. To maintain their influence and standing, each resorted to every measure that could increase its own reputation, and sometimes to such as would tend to depress that of its rival, until finally RUTGERS was compelled to succumb to a law passed by the State Legislature, at the instigation of the old school trustees, preventing RUTGERS from giving diplomas to its graduates.

The first Professor of Anatomy in RUTGERS was the distinguished and eloquent JOHN D. GODMAN. Ill health, after two or three courses, compelled him to resign the chair, when a learned Irish anatomist, Dr. GEORGE BUSHE, was invited to take it. The competition of the two schools elicited not a little feeling and discussion in professional circles, and one of the results was the following satirical *jeu d'esprit* which has never yet, we believe, been in print. It having recently been exhumed by a friend, we are privileged to present it to our readers as a reminiscence of those days and scenes.

"Pleas are not lobsters, d—their souls."

SIR JOSEPH BANKS.

Says Johnny\* to John A.,† "a iusur nature  
We've found, we'll hold o'er it to night a grand jury.  
'Twill kill RUTGERS hollow,—the boys of our class,  
Shall BUSHE no more follow, but hold him an ass."  
Says John A., "Some freshening we dreadfully lack,  
This tall Irish giant has laid me on my back."  
In the evening assembled the wondering few,  
The subject displayed with all gravity due.  
Demonstrator Johnny commenced his oration  
With, "Sirs, 'tis to us of this great rising nation

To settle a point of immense dubitation;  
Old GALEN, HIPPOCRATES, SYDENHAM, BOERHAAVE,  
MASON, GOOD, and old CULLEN, that learned but poor knave,  
Had doubts in their minds, those scholars so erudite,  
If nature e'er formed that thing called hermaphrodite.  
The question's resolved sirs; the subject before you  
Presents—but our John A. with science will store you."  
Then spoke the Professor,—"The matter is clear,  
And the cause of formation the class shall now hear,  
We shall prove all the truths of Sir EVERARD HOME,  
And settle the question for ages to come.  
Let the wittlings deride us, their follies shall screen us,  
The who is deduced from our Hottentot Venus,  
The biliary ducts, which receive all emetics,  
Being formed"—when spoke the Prof. of Obstetrics,  
"Tis a case of midwifery, 'tis a lapse of the uterus,  
Thank heaven that none of the RUTGERS' boys hear us."  
"By the bones of my rival," said John A., "I'm jammed,  
My brain is with learning almost too much crammed;  
'Tis a trivial mistake boys—haste, put out the light,  
You've had quite enough of instruction to night."

## Notes and Comments.

### Cholera on the Mississippi.

Dr. P. C. REMONDINO, in a letter dated Wabashaw, Minn., Aug. 15th, 1866, says: "Cholera has shown itself up this way. Although it created quite a panic, I have not heard of any cases except those that occurred on board the steamer Canada, of the St. Louis and St. Paul Packet Line, which passed this port on the 13th inst., having had thirteen cases of cholera on board, seven of which proved fatal. The last case was attacked as the boat landed here at 8, A. M. He was put off here, this being his destination, and died at 10, P. M. The disease was confined to the deck passengers. Many of the cases boarded the boat this side of Dubuque. The case at this point came from La Crosse, Wis.

"Another steamer, the Reserve, is reported to have buried three cases to-day, but the report is unreliable."

### How shall I treat Chorea?

A correspondent addresses us the following communication. It may suggest something on the subject which will be of value to our readers:

"I have been unsuccessfully treating a case of chorea for three months. I have used ferri carb. præcip. and wine, as freely as the stomach would bear them, with free purgatives. I have used oxyd of zinc, cimicif. rac., with bathing; iodide and bromide of potassium, with counter-irritation to the spine; blister to the sacrum. The patient is a young girl of fourteen. Has been subject to it at intervals for three years. Has never menstruated. Has never shown symptoms of an effort on the part of nature to establish the function. Will you, or some of your subscribers, advise what is to be done?"

\* JOHN R. RHINELANDER, Demonstrator of Anatomy.

† JOHN AUGUSTINE SMITH, Professor of Anatomy.

\* See Dr. POET, Eulogy, page 20.

## Literary Exchanges.

The *Atlantic Monthly*, always laden with articles of general interest, is now rendered more interesting to the scientific reader, from the fact that AGASSIZ is giving, through it, his observations on his recent scientific visit to South America, under the title of "Physical History of the Valley of the Amazon."

*Hours at Home*, the best, though the least showy and pretentious of our literary monthlies, opens with an article on the "Fossil Remains of Vermont." Perhaps some of our readers are hardly prepared for the information, that in that now rugged, cold section of the country, are found skeletons of elephants and whales, besides those of monsters now extinct. These remains are found in peat or muck beds. The articles in this monthly are all valuable.

*The Galaxy*. This elegant fortnightly magazine commences a new volume—the second—with the number for September 1st. It has, as it deserved to be, been a decided success. There are three volumes a year, commencing on the first of May, September, and January. The first volume can be had, bound in cloth, for \$2.50.

*Every Saturday* has been so well received, that from the first of September it is to be enlarged to the extent of eight pages.

## Subcutaneous Injections in Cholera.

Dr. N. B. SCOTT, of Hagerstown, Md., writes: "I have used the subcutaneous injection of morphia in several cases of violent cholera morbus, with almost immediate relief. I should expect good results from its use in cholera."

*Errata.* In Dr. McCLELLAN's article on the "Internal Use of Chloroform in the Treatment of Delirium Tremens," in the *REPORTER* for August 11, page 135, first column, line 23, for gtt. ix. read gtt. IX. (ix.) 60.

In *REPORTER* for August 18, page 152, 2d column, first line after (Fig. 8), read as follows:

to freshen the parts. The lining membrane of the bladder he does not disturb, unless it protrudes through the opening in excess. When the fistula was very small he hooked the tenaculum through both sides, and raising it up, cut out a circular portion with the bistoury. When the vesical mucous membrane concealed the margin of the fistula, interfering with its proper management, a soft sponge should be pressed through the opening into the bladder, and allowed to remain until the stitches are ready for adjusting. To remove the blood from the parts during the operation, little mops (Fig. 9) should be on hand. These are readily made by securing small bits of sponge, to whalebone, or rods of wood.

## Vacancies in the Medical Corps of the Army.

By a reference to our advertising columns it will be seen that there are a number of vacancies in the Medical Staff of the army to be filled, besides many entirely new commissions to issue. This will afford competent young men an excellent opportunity to obtain respectable and permanent positions, and we have no doubt there are many who will avail themselves of it. There is also in this number a statement of interest to applicants. It will be found under Army News.

## Correspondence.

## FOREIGN.

DUBLIN, August 3d, 1866.

## Amendment to the Medical Act.

## EDITOR MEDICAL AND SURGICAL REPORTER:

A deputation from the Medical Council waited upon the President of the Council the week before last, in order to ascertain the intentions of the government with regard to the Medical Act Amendment Bill. The President of the Council said there was little prospect of the bill being introduced this session, but that every attention would be given to the preparation of a bill embodying the recommendations adopted by the Medical Council at their last annual meeting. The chief object of the proposed amendment to the Medical Act is to prevent unqualified persons from assuming titles, such as physician, doctor of medicine, surgeon, etc., not possessing those qualifications, and thus preventing the public being imposed upon. It is very difficult for the public at present to distinguish between a qualified and unqualified practitioner, consequently the ignorant are frequently caught in traps laid by quacks, and suffer much in health, as well as in pocket, by following the directions given by these pests of society. Under the present law there is no power to repress quackery in these countries, the only remedy being an action for damages, if the patient is injured by the quack. It is to be hoped that the proposed amendment of the Medical Act will abolish quackery. If the provisions, now under consideration, are carried out, the public will have no excuse for employing quacks, and, if injured by them, it will be their own fault. At present many suffer through the defective state of the law.

## The London Workhouse Hospitals.

Many of your readers have, I dare say, perused the articles in the *London Lancet*, disclosing the horrible state of the Hospitals of the London



Workhouses. The publication of those reports has already produced most beneficial results, an influential meeting having been held in London, at which resolutions were offered, condemning, in the highest degree, and calling upon government to inquire into the present mode of treatment of the sick poor in the workhouse infirmaries. The government inspectors in their report, endorse everything charged by the *Lancet*, even going further than the *Lancet* Commissioner in their condemnation of the state of these hospitals. We may soon hear of new hospitals, built on improved principles, and in healthy localities, rising up to replace the wretchedly dilapidated and overcrowded buildings at present occupied for hospital purposes. I am happy to say that the workhouse infirmaries in this part of the kingdom, although admitting in many instances of considerable improvement, could not, I think, in any place, show such a disgraceful state of affairs, as we have just seen exposed in London.

#### Salaries of Medical Officers.

Hitherto the salaries of the Irish Poor Law Medical Officers have been paid altogether from the poor rates of the respective unions to which they were attached. To this system there were many objections, the chief being, that the poorer the district the more dispensary work for the medical officer, the less remunerative the private practice, and the less the pay, as the district could not bear the heavy rate necessary to remunerate the medical officer. We are likely to have this state of affairs altered, as the government are about relieving the unions of part of their medical expenses for the poor. A movement is also on foot at present to obtain retiring allowances for medical officers, worn out, or grown old in the service of the Poor Law. All public officers in the country, even those acting under the Poor Law Commissioners, have retiring allowances—the union medical officers alone are exempt.

#### Report of Poor Law Commissioners.

The Annual Report of the Irish Poor Law Commissioners has just appeared. The report is unusually satisfactory, showing a great decrease in pauperism. Although the expenses of the Poor Law Medical Service have increased, yet the health of the poor has not been worse than usual, showing that the increased expense is due to improvements introduced into this department. Another important point in the report is the satisfactory results which have been found to follow the working of the Compulsory Vaccination Act, which came into force the year before last, the number of deaths from small-pox having greatly dimin-

ished, and the cases of successful vaccination having greatly increased in number.

#### Cholera.

I regret to have to announce that cholera has become epidemic in several of the large towns in England, and at present is raging in London and Liverpool. On the first week in July only 14 deaths were reported in London from cholera and diarrhoea; the number in the second week increased to 32; in the third to 346; and in the fourth week the large number of 1250 deaths were reported from these causes, 900 being from genuine cholera; the disease is still on the increase in London.

Cholera appeared here on Friday, July 28th, having been introduced by a girl who arrived from Liverpool that day. On landing from the Liverpool steamer she was conveyed to a friend's house on City Quay, where she died; four other cases have occurred in the same house, three of these have died. The disease has not yet spread through the city, nevertheless every precaution has been taken to meet it in case it should. Two cholera hospitals have been established, one on the north, the other on the south side of the city; fortunately these hospitals have not yet been required.

T. W. G.

#### DOMESTIC.

#### "The American and British Services compared." EDITOR MEDICAL AND SURGICAL REPORTER:

In consequence of an article under the head of "Notes and Comments" in your Journal of the 28th ult., on Medical Officers of the British Army and Navy, I am induced to request you kindly to insert the few following remarks in your widely diffused Journal. Having served in both services, I consider myself capable of enlightening your readers on this, at present, most interesting subject. The chief reasons why so few candidates now present themselves for the English service are: First. "Because the examinations are competitive, and excessively and unnecessarily hard;" in fact, the standard has been raised to such a height, that only first-rate men can attempt to pass, and these can do much better out of the service, and consequently do not present themselves. In order, for those who do try for these appointments, to stand the slightest shadow of a chance of success, it is necessary for the majority to go through a four to six months' course of grinding (otherwise called quizzing), the fee for which is 15 guineas, or \$100 in currency. In the old country, as here, students are not overblessed with much money, and cannot afford to spend

three or four months in London at a great expense for boarding, etc., and this additional fee, which has to be paid to the grinder before the course commences, and which is not refunded should the candidate be unsuccessful (and which fee is equal nearly to that for a full term of lectures and hospital practice in many of our American schools), upon the chance of getting an appointment.

The second reason is, because, fortunately for the profession, the curriculum of study, and the preliminary classical and mathematical examinations are so severe, that the number of students has rapidly diminished. The consequence is, the profession is not overstocked, as here, and assistants find no difficulty in getting employment at large salaries, with comfortable homes, which they, rightly consider far preferable to serving, with the rank of 1st lieutenant, for ten years or more, under some superannuated old ignoramus, with the rank of major, who, according to the strict regulations of the British service, may bully them to his heart's content. Now, as far as pay and rank are concerned, at the present high rates of living, the pay of an assistant-surgeon in the army in the old world is better than in our army (the rank being the same). The relative pay and allowances will be seen by referring to the following tables:

AMERICAN ARMY.	BRITISH ARMY.
The actual pay is about \$5 per diem. or     \$148 per month. Allowance     for Quarters \$18 per month.	12 shillings, or about \$4 per diem. 3 shillings, or about \$1, for ser- vant, when on the Staff. Lodging money, \$'6 per month. Field money, 2s. 6d., or 75 cents per day.
Total \$166	Total \$191

From the above clear statement it will be seen that the assistant-surgeon, on active service, receives about \$5 75 cents a day in the British army; whereas, in America, he scarcely gets \$5.

Then, again, when the assistant-surgeon is attached to a regiment, he is allowed a servant from that regiment, and he is then allotted good furnished quarters in barracks, taking his choice by seniority. And in garrison towns in England, Ireland, or Scotland, when there is no accommodation in barracks, two furnished rooms, with attendance, can be easily procured for \$16 a month, and board at one half the price we pay here, whilst, on the other hand, we can hire no decent unfurnished room for less than \$18 per month. Then, our neighbors are determined to make all they can out of the army officers, and we have to pay \$1 for a water melon, \$1 for a miserable phthisical chicken, \$10 for a turkey, and all other articles in the same ratio.

The position of the assistant-surgeon in our army is better than in the British, had he the

means to keep it up. He is generally in charge of some hospital, and may be looked upon in the same light as the East Indian assistant-surgeon, in every respect, but his pay. In India, in consideration of the bad climate, and extra expenses, the British Government allows him more than double pay, and extra servants. His pay is about \$12 per diem, exclusive of all allowances. I hope, in these days of reform and improvement, the rank and pay of the Medical Department will receive the due consideration they deserve, and that educated gentlemen will obtain the rank and pay necessary for the support of themselves and families, or, I am afraid, we shall find a scarcity of candidates, and row in the same boat with our transatlantic cousins. The Army Bill just passed has benefited our department very little. The rank is not what it ought to be. An assistant-quartermaster enters the army with the rank of captain of cavalry; an assistant-surgeon with only that of 1st lieutenant. "The former is intrusted with 'stores,' the latter with human lives!" *Diri.*

"ONE WHO HAS SEEN SERVICE IN BOTH ARMIES."

## News and Miscellany.

### Report of the Cholera Conference at Constantinople.

*The Boston Medical and Surgical Journal* says:

"Through the kindness of Dr. WILLIAM E. TOWNSEND, of this city, we have been allowed the opportunity of examining the printed report of the Cholera Commission which held its sessions in Constantinople during the early months of the present year. The document is, in our estimation, one of the most important on the subject of cholera which has ever been issued. It gives the results of the mature deliberations of the Conference, which was in session nearly two months. Recognizing the vast significance of the questions before them, and the importance of thorough and deliberate action, the whole Commission was subdivided into six committees, to which these questions were distributed for consideration. The report before us is the result of the joint labors of these committees, brought together in a common report. It is a large pamphlet of eighty-three pages, and the various subjects discussed are divided into thirty-three sections. Each of these sections is prefaced by a question, which is followed by a condensed *resumé* of all the most important facts in the history of cholera, bearing upon the point, with the arguments on both sides of the question. The whole is summed up, in each instance, with the conclusion of the Commission, printed emphatically in italics. The vote on each question is also given. We have the impression that this pamphlet was printed for pri-

vate circulation only, as we have seen no mention of it in the journals, although the recommendation of the Conference with regard to quarantine has been published. The copy before us came through the hands of an influential friend in Paris, direct from the Secretary of the Conference, Dr. FAUVEL. Under these circumstances, we feel that we cannot offer our readers this week anything so valuable as an abstract of this report. We have translated the questions at the head of each section, with the answer of the Commission in each instance, and the vote upon it. The whole pamphlet is eminently interesting and valuable, and worth translating. The names of the members of the Commission are as follows; The Count de Lallemand, the Count de Noidans and Segovia, diplomats, and Drs. Bartolotti, Bykow, Bosi, Dickson, Fauvel, Goodeve, Gomez, Baron Hübsch, Lenz, Maccas, Millingen, Monlau, Mühlrig, Pélikan, Polak, Salem, Salvatore, Sawas, Sotto, I. Spadaro, and Van-Geuns.

**FIRST GROUP OF QUESTIONS.**—*The Origin and Genesis of Cholera; the Endemic and Epidemic Prevalence of this Disease in India.*

I. Whence did the cholera, called Asiatic, originally come? And in what countries does it exist in our day in an endemic form?

The Commission with one voice is able to answer without hesitation that the Asiatic cholera, which at different times has run over the whole world, has its origin in India, where it had its birth, and where it exists permanently as an endemic.

Adopted unanimously.

II. Out of India, does the Asiatic cholera exist in our day in any part of the world in an endemic form?

The Commission considers as demonstrated that the Asiatic cholera, wherever it appears, is never spontaneously developed, and has never been observed as an endemic (care must be taken to distinguish secondary foci, more or less tenacious in their character) in any of the countries which have been enumerated (Europe, etc.), and that it has always come from abroad. As for the countries in the neighborhood of India, while admitting it as probable that the cholera does not exist there as an endemic, the Commission does not feel itself authorized to come to any formal conclusion on the subject.

Adopted by all the members of the Commission, except MM. Polak, Sawas, and Van-Geuns.

III. Is there any reason to fear that the cholera may acclimate itself in our countries?

The Commission, without rejecting the possibility of the fact, regards it as problematic.

Adopted unanimously.

IV. Is there in the Hedjaz an original focus of cholera, permanent or periodic?

The Commission is of opinion that Asiatic cholera does not appear to have had in the Hedjaz its original focus, but it appears to have always been introduced there from abroad up to the present time.

Adopted unanimously, except by Mr. Goodeve.

V. Are there in India certain localities which

have the exclusive privilege of generating cholera, or which are more particularly favorable to its development? In other words, is cholera endemic in all parts of India, or only in certain regions which it is possible to circumscribe?

At this time the Commission can only answer that there are in India certain localities, comprised principally in the valley of the Ganges, where cholera is endemic, without being able to point out all of them, or to affirm that they have the exclusive privilege of giving birth to this disease.

Adopted unanimously.

VI. Do we know the causes by the concurrence of which cholera originates spontaneously in India, as well as the circumstances which make it take on an epidemic character?

The Commission feels obliged to limit itself to answering that we know not the special conditions under the influence of which the cholera breaks out in India and reigns there in certain localities as an endemic.

Adopted unanimously.

VII. What are the circumstances which concur in the development and the propagation of epidemics of cholera in India?

The Commission believes itself authorized in answering that pilgrimages are in India the most powerful of all the causes which tend to develop and propagate cholera epidemics.

Adopted unanimously.

**SECOND GROUP OF QUESTIONS.**—*The Transmissibility and Propagation of Cholera.*

VIII. Is the transmissibility of cholera proved to-day by facts which do not admit of any other interpretation?

Do not all these facts demonstrate conclusively that cholera is propagated by man, and with a rapidity in proportion to the activity and rapidity of his own movements? The Commission does not hesitate to answer in the affirmative.

Adopted unanimously.

The Commission, with unanimity, concludes that the transmissibility of Asiatic cholera is an incontestable verity, proved by facts which do not admit of any other interpretation.

Adopted unanimously.

IX. Are there conclusive facts which force us to admit that cholera can propagate itself at a distance by certain atmospheric conditions, by winds, or by any other change or modification of the surrounding medium?

The Commission answers that no fact has proved, up to the present time, that cholera can propagate itself at a distance by the atmosphere alone, whatever may be its condition; and that besides it is a law, without exception, that never has an epidemic of cholera extended from one point to another in a shorter time than was necessary for man to carry it.

Adopted unanimously.

X. How is the importation of cholera effected, and what are the agents of its transmission?

It may be said, without more specific statement for the moment, that if all modes of conveyance from countries affected with cholera are not

likely to propagate the disease, it is none the less prudent, at present, to consider all such means of conveyance as suspected. A more detailed examination will settle the question.

Adopted unanimously.

XI. Under what conditions does man import the cholera?

Man affected with cholera is himself the principal propagating agent of this disease, and a single cholera patient may cause the development of an epidemic.

Adopted unanimously; and—

XII. The Commission has been led to conclude that certain facts tend to prove that a single individual (with much greater reason many individuals) coming from a contaminated place, and suffering from diarrhoea, is able to cause the development of a cholera epidemic; or, in other words, that the diarrhoea called premonitory is able to transmit cholera.

Adopted unanimously.

XIII. What is the period of incubation?

In almost all cases the period of incubation, that is to say, the interval between the moment when the individual may have contracted the cholera poison and the commencement of the premonitory diarrhoea, or of confirmed cholera, does not go beyond a few days; all the facts cited of a longer incubation belong to the class where the contamination may have taken place after departure from the infected place.

Adopted unanimously.

XIV. Can the cholera be imported and transmitted by living animals?

There is no known fact which proves that cholera has been imported by living animals; but it is reasonable, nevertheless, to consider them, in certain cases, as belonging to the class of objects called susceptible.

Adopted unanimously, except by MM. Bykow and Lenz.

XV. Can cholera be imported and transmitted by linen, clothing, and in general by articles in common use?

Cholera can be transmitted by articles in common use coming from an infected place, and especially by those which have been used by cholera patients; and it also results from certain facts that the disease may be transported to a distance by these same articles when closely shut up from the outer air.

Adopted unanimously.

XVI. Can cholera be imported and transmitted by merchandize?

The Commission, while admitting with unanimity the absence of proof of the agency of merchandize in the transmission of cholera, admits (by a majority of 16 votes to 6) the possibility of the fact under certain conditions.

The negative votes were those of MM. Bykow, Goodeve, Lenz, Pélikan, Polak, and Van-Geuns.

In consequence, until more fully informed, the Commission believes that it will be wise to consider as suspected, at least under particular and determined conditions, everything coming (*toute provenance*) from a cholera district.

Adopted unanimously, except by MM. Goodeve, Pélikan, and Polak, who declined voting.

XVII. Can the bodies of patients who have died of cholera import and transmit the cholera?

Although it is not proved by conclusive facts that the bodies of patients dying with cholera can transmit the disease, it is prudent to consider them as dangerous.

Adopted unanimously, except by M. Sawas, who declined voting.

*On the Influence of Means of Communication.*

XVIII. What influence do the various modes of communication, whether by land or sea, have upon the propagation of cholera?

The Commission answers, that maritime communications are by their nature the most dangerous; that it is they which propagate most surely cholera at a distance, and that next to them comes communication by railroad, which in a very short time may carry the disease to a great distance.

Adopted unanimously.

XIX. What is the influence of deserts upon the propagation of cholera?

The Commission, resting upon facts established by experience, concludes that great deserts are a most effectual barrier to the propagation of cholera, and it believes that it is without example for this disease to be imported into Egypt or Syria, across the desert, by caravans from Mecca.

Adopted by all the members of the Commission except MM. Monlau, Pélikan, Polak, and Van-Geuns, who declined voting.

*The Influence of Crowding.*

XX. What is the influence of crowds upon the intensity of epidemics of cholera, as well as upon the propagation of the disease? and under what conditions does it exercise its influence?

All crowding together of human beings, among whom cholera has been introduced, is a favorable condition for the rapid spread of the disease—and, if this crowding exists under bad hygienic conditions, for the violence of the epidemic among them.

That in this case the rapidity of the extension of the disease is in proportion to the degree of crowding, while the violence of the epidemic is, other things being equal, so much the greater according as individuals have been little exposed to the choleraic influence or not at all; that is to say, in other words, individuals who have already been exposed to the influence of a cholera atmosphere enjoy a sort of relative and temporary immunity which counterbalances the bad effects of crowding.

Finally, in the case of a dense crowd, the more rapid its separation, so much the more rapid is the cessation of the epidemic, at least if new arrivals of unaffected persons do not furnish new aliment for the disease.

Adopted unanimously.

XXI. What is the intensity and what the tenacity of cholera epidemics on shipboard?

The Commission replies that the intensity of cholera on board ships crowded with men, is in



general, proportionate to the crowding, and is so much the more violent, other things being equal, if the passengers have not resided in the focus of cholera from which they started; that on crowded ships the spread of cholera epidemics is ordinarily rapid; finally, the Commission adds that the danger of importation by ships, and that of giving rise to a grave epidemic, are not entirely subordinate to the intensity, nor even to the existence of choleraic symptoms appearing during the voyage.

Adopted unanimously, except by M. Monlau, who declined voting.

XXII. What influence does the accumulation in lazarettos of individuals coming from a cholera district exercise upon the development of cholera among the people at quarantine and in the neighborhood?

The Commission concludes that the crowding together of people coming from a place where cholera reigns in a lazaretto, has not the effect of producing, among the people at quarantine, a great extension of the disease; but that such a gathering is nevertheless very dangerous for the neighborhood, as it is calculated to favor the propagation of cholera.

Adopted unanimously, except by M. Monlau.

XXIII. What influence do great collections of men, in armies, fairs, pilgrimages, exercise upon the development and propagation of epidemics of cholera?

The Commission concludes that great gatherings of men (armies, fairs, pilgrimages,) are one of the most certain means for the propagation of cholera; that they constitute the great epidemic foci which, whether they march after the manner of an army, or whether they are scattered, as at fairs and in pilgrimages, import the disease into the country which they traverse; that these gatherings, after having been exposed, usually in a rapid manner, to the influence of cholera, become much less susceptible to its power, and that it disappears very speedily, unless newly arrived persons take the disease.

Adopted unanimously.

XXIV. What is the influence of dissemination upon the intensity and development of cholera epidemics?

The Commission concludes that the breaking up of a collection of people, at an opportune time, may render less violent an epidemic of cholera, and even arrest its extension; but that this scattering, on the other hand, gives rise to great danger of propagating it, if it take place in the midst of a region as yet unaffected.

Adopted unanimously.

XXV. What part belongs to the pilgrimage to Mecca in the cholera epidemics of our day?

The part of the pilgrimage to Mecca, as an agent in propagating cholera as regards the neighboring countries of Europe, (the only one with regard to which we have positive information,) has been the introduction of this disease into Egypt twice, with an interval of thirty-four years, during the hot season.

Adopted unanimously, except by M. Polak, who declined voting.

# *The Influence of Hygienic Conditions.*

XXVI. What is the influence upon the violence of cholera epidemics exerted by hygienic and other conditions of locality; in other words, what are the assisting causes of cholera?

The Commission recognizes that the hygienic and other conditions which in general predispose a population to contract cholera, and consequently favor the intensity of epidemics, are: misery, with all its consequences; overcrowding, particularly of persons in feeble health; the hot season; want of fresh air; the exhalations from a porous soil impregnated with organic matters, above all, with the dejections from cholera patients.

In addition, the Commission think that, as it appears demonstrated by experience that the discharges of cholera patients contain the generative principle of cholera, it is right to admit that drains, privies, and the contaminated waters of towns may become the agents for the propagation of this disease.

The Commission adds, that it seems to result from certain facts that the soil of a locality, once impregnated with cholera detritus, is able to retain for a considerable length of time the property of disengaging the principle of the disease, and of thus keeping up an epidemic, or even of regenerating it after it has become extinct.

Adopted unanimously, except by M. Pélikan.

## *Immunity from Cholera.*

XXVII. How is immunity from cholera to be interpreted?

The immunity which certain localities enjoy, that is to say, the resistance, permanent or temporary, general or partial, opposed by these localities to the development of cholera within their limits, is a fact which does not exclude transmissibility, but which indicates that certain local conditions, not yet entirely determined, are an obstacle to the development of the disease.

The same immunity, more or less complete, and more or less durable, which the majority of persons in the midst of an infected district enjoy, an immunity which attests the individual resistance to the toxic principle, is a circumstance to which we should attach the highest importance.

In point of view of epidemic development, it is the corrective of transmissibility, and viewed with regard to prophylaxis, it sets in operation proper means to arrest the ravages of the disease.

Adopted unanimously, except by MM. Monlau and Pélikan, who declined voting.

## *Deductions relative to the Generative Principle of Cholera.*

XXVIII. From the facts above established, and which relate to the genesis, the propagation and the transmissibility of cholera, can we draw any precise conclusion with regard to the generative principle of the disease, or at least with regard to the media which serve as its vehicles, or receptacles; with regard to the conditions of its penetration into the organism, the ways by which it passes out, the duration of its morbid activity; in a word, with regard to all its attributes, a knowledge of which is important to guard against it?

In the actual state of science, we can only frame hypotheses as to the generative principle of cholera. We know only that it originates in certain countries of India, and that it dwells there permanently; that this principle is reproduced in man, and accompanies him in his journeyings; that it may also be propagated at a distance, from place to place, by successive regenerations, without ever being reproduced spontaneously outside of man.

Adopted unanimously, except by M. Goodeve, who declined voting.

**XXIX.** What are the vehicles of the generative principle of cholera?

Under the name of vehicles, the Commission intends to speak merely of the agents by means of which the morbid principle penetrates the organism. To this question the facts reply that the air is the principal vehicle of the cholera principle. . . . The action of the cholera miasm is so much the more sure as it operates in a confined atmosphere, and near the focus of emission. . . . It seems that it is with cholera miasm as it is with the miasm of typhus, which rapidly loses its power in the open air at a short distance from its starting point.

**XXX.** To what distance from a focus of disease can the principle of cholera be transported by the atmosphere?

The surrounding atmosphere is the principle vehicle of the generative agent of cholera; but the transmission of the disease by the atmosphere, in an immense majority of cases, is limited to a space very near the focus of emission. As for the facts cited of transportation by the atmosphere to the distance of one or more miles, they are not sufficiently conclusive.

Adopted unanimously, except by M. Goodeve, who declined voting.

**XXXI.** Independent of the air, what other vehicles are there of the cholera principle?

Water and certain ingesta may also serve as vehicles for the introduction into the organism of the generative principle of cholera.

This granted, it follows, so to speak, necessarily, that the passages by which the toxic agent penetrates into the economy are principally the respiratory passages, and very probably also the digestive canals. As for its penetration by the skin, nothing tends to prove it.

Adopted unanimously.

**XXXII.** What are the principal receptacles of the cholera principle?

The matter of the cholera dejections being uncontestedly the principal receptacle of the morbid agent, it follows that everything which is contaminated by the discharges becomes also a receptacle from which the generative principle of cholera may be disengaged, under the influence of favorable conditions; it follows, also, that the origin of the cholera germ takes place very probably in the digestive canal, to the exclusion, perhaps, of all other parts of the system.

Adopted unanimously.

**XXXIII.** What is the duration of the morbid activity of the generative principle of cholera?

It results from the study of facts, that in the open air the generative principle of cholera loses rapidly its morbid activity, and that this is the rule; but that under certain particular conditions of confinement, this activity may be preserved for an unlimited period.

Adopted unanimously.

Finally, the Commission adopts the following formula:

Observation shows that the duration of the choleraic diarrhoea, called premonitory—which must not be confounded with all the diarrhoeas which exist during the time of cholera—does not extend beyond a few days.

Facts cited as exceptional do not prove that the cases of diarrhoea prolonged beyond that period belong to cholera, and are susceptible of transmitting the disease, when the individual affected has been withdrawn from all cause of contamination.

Adopted by fourteen votes against four, viz., MM. Gomez, Millingen, Mühligh, and Salvatori; M. Monlau declined voting.

Here end the labors of the Commission, with regard to the origin, the endemic condition, the transmissibility and the propagation of cholera, and the historic sketch of the march of the epidemic of 1865, made by a sub-committee, of which Dr. BARTOLETTI was the Secretary, before being presented separately to the conference.

With regard to the different questions placed upon the programme, it is to be said, that by limiting themselves to drawing from facts the consequences which reasonably flow from them, the Commission thinks it has established sure foundations which will enable the conference to pronounce understandingly upon all questions relating to prophylaxis.

Signed by A. FAUVEL, Secretary.

The present report, having been discussed and adopted, chapter by chapter, was approved as a whole by all the members of the Commission.

Constantinople, May 21st, 1866.

Signed by all the members of the Commission.

The above abstract gives, in a condensed form, the substance of a report which confirms in the strongest manner, all that this and other journals in this country and abroad have maintained with regard to the communicability of cholera. It is not strange, therefore, that, as is stated by the French press, the Conference adopted the following propositions, presented by the French delegates, as we learn from the *Médecine-Chirurgicale Review*:

"To break off all communication—the moment cholera appeared among the pilgrims—between the Arab ports and Egyptian coast, leaving the land route followed by the caravan open for the hadjis for their return to Egypt. In other words, the pilgrims would be obliged to perform quarantine, either in the Hedjaz till the epidemic ceased, or in the desert in the caravan route."

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JOS. K. BARNES,  
Surgeon-General, U. S. A.

SURGEON-GENERAL'S OFFICE,  
August 9th, 1866.

### NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending August 18th, 1866.

Surgeon E. R. Denby, detached from temporary duty at Naval Rendezvous, New York, and placed on waiting orders.

Past Assistant-Surgeon J. S. Knight, appointed Surgeon from July 29, 1866.

Surgeon Job Corbin, ordered to report, September 1, 1866, for temporary duty at Marine Rendezvous, New York.

Acting Past Assistant-Surgeon detailed for duty on board the U. S. Ship Tahoma.

### MARRIED.

ATKINS—KITTREDGE.—In Barnstable, Mass., Aug. 8, by Rev. Mr. Weston, Dr. E. N. Atkins, of Provincetown, and Miss Temple N., adopted daughter of E. L. Kittredge, of Boston.

### DIED.

COLLETT.—Suddenly, at Peekskill, N. Y., on Wednesday morning, August 15th, John Collett, M. D., aged 62 years.

GALLAGHER.—In this city, August 13th, Dr. Joseph H., son of Captain John and Eliza Gallagher.

HEAR.—At his residence in Germantown, on the 11th inst., Major David P. Hear, M. D., late Paymaster, U. S. A., in the 40th year of his age.

HILL.—In Hanover, N. H., August 3d, Thomas P. Hill, M. D., aged 85.

### METEOROLOGY.

August,	6.	7.	8.	9.	10.	11.	12.
Wind.....	S. Clear.	W. Clear.	S. W. Clear.	S. Clear.	W. Clear.	N. W. Clear.	W. Clear.
Weather.....	}			Shw'r.			
Depth Rain....				5-10			
Thermometer.							
Minimum.....	59°	58°	60°	63°	57°	56°	58°
At 8 A. M.....	73	71	72	73	67	69	73
At 12 M.....	78	77	80	80	74	76	78
At 3 P. M.....	78	78	82	80	75	77	74
Mean.....	72.	68.50	73.50	74.	68.25	69.50	70.75
Barometer.							
At 12 M.....	30.1	30.1	30.	29.7	30.	30.2	30.3

Germantown, Pa.

B. J. LEEDOM.

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